EDITOR'S NOTE

This column reflects our commitment to provide you, the primary care physician, with information that will prove helpful in making informed decisions about the care of your patients who suffer from psychiatric disorders. We will highlight abstracts of high interest to you from our sister publication, *The Journal of Clinical Psychiatry*, and summarize pertinent articles from the general scientific literature. We hope that this section is clinically relevant to your practice and that it will encourage you to expand your horizons.

Long-Term Effects of Methylphenidate Transdermal Delivery System Treatment of ADHD on Growth

Faraone SV, Giefer EE

J Am Acad Child Adolesc Psychiatry 2007;46:1138–1147

Objective: This study analyzed the long-term effects of the methylphenidate transdermal system (MTS) on the growth of children being treated for attention-deficit/hyperactivity disorder.

Method: One hundred twenty-seven children, aged 6 to 12 years, participated. Their height, weight, and body mass index (BMI) were measured at longitudinal assessments for up to 36 months of treatment with MTS. Norms provided by the Centers for Disease Control and Prevention served as comparators.

Results: MTS treatment was related to small but significant delays in growth for height, weight, and BMI, the latter 2 indices in a dose-dependent manner. Children most likely to experience growth deficits during the trial were those who had not received prior stimulant therapy and those who entered the study with above-average height, weight, and BMI. Effects on all parameters of growth, which diminished over time, were most evident during the first year of treatment.

Conclusions: Our results, which are consistent with those of prior studies of methylphenidate, suggest that treatment with MTS can bring about reductions in expected height, weight, and BMI that diminish somewhat over the course of treatment. Although the growth of patients with attention-deficit/hyperactivity disorder treated with MTS should be closely monitored, deficits in growth in relation to MTS treatment were not a significant clinical concern for most children in this study.

Clinical Effectiveness of Usual Care With or Without Antidepressant Medication for Primary Care Patients With Minor or Mild-Major Depression: A Randomized Equivalence Trial

Hermens ML, van Hout HP, Terluin B, et al.

BMC Med 2007;5:36

Background: Minor and mild-major depression are common in primary care. The evidence for the effectiveness of antidepressants in the treatment of minor and mild-major depression is sparse. In this study, the effectiveness of usual primary care treatment, with or without antidepressants, in minor and mild-major depression was compared.

Method: A pragmatic patient-randomized equivalence trial with 52 weeks' follow-up was conducted in The Netherlands. In total, 181 adult patients with minor or mild-major depression were recruited and treated by 59 primary care physicians (PCPs). Patients were randomly assigned either to 4 consultations within 3 months of usual care plus antidepressants (UCandAD) or to usual care alone (UCnoAD). Changes in severity of depressive symptoms were evaluated with the Montgomery Asberg Depression Rating Scale (MADRS). The predefined equivalence margin was set at 5 points. Data were analyzed with multilevel analysis. The Short-Form 36 (SF-36) and the Client Satisfaction Questionnaire were secondary outcome measures.

Results: Patients received on average 3.0 (SD = 1.4) 15-minute consultations within 3 months with (N = 85) or without paroxetine (N = 96). Equivalence of UCandAD and UCnoAD was demonstrated in the intention-to-treat analyses as well as the per-protocol analysis after 6 weeks but not at 13, 26, and 52 weeks' follow-up. We found no statistical differences in effectiveness between treatment groups in the intention-to-treat analysis, nor were there differences in the physical and mental functioning (SF-36) between the treatment groups. Although patients assigned to UCandAD were slightly more satisfied with their treatment at 13 weeks' follow-up than patients allocated to UCnoAD, this was no longer the case at 52 weeks' follow-up. That subgroups such as patients with mild-major (instead of a minor) depression might benefit from antidepressant treatment was suggested by preliminary analyses. Patients allocated to their preferred treatment (in particular to UCnoAD) were more often compliant and had better clinical outcomes.

Conclusion: Although UCandAD was as effective as UCnoAD over the first 6 weeks, it was not at 13, 26, and 52 weeks. On the other hand, neither treatment

© Copyright 2008 Physicians Postgraduate Press, Inc. © Copyright 2008 Physicians Postgraduate Press, Inc.

could be established as superior. Whether antidepressants add any clinical effect to usual care remains an open question. Future studies seek out subgroups of patients potentially benefiting from antidepressants.

Depression, Self-Care, and Medication Adherence in Type 2 Diabetes: Relationships Across the Full Range of Symptom Severity

Gonzalez JS, Safren SA, Cagliero E, et al.

Diabetes Care 2007;30:2222–2227

Objective: This study investigated the relationship between depression, assessed as either a continuous symptom severity score or a clinical disorder variable, with self-care behaviors in type 2 diabetes.

Method: Type 2 diabetic patients (N = 879) from 2 primary care clinics were surveyed using with the Harvard Department of Psychiatry/National Depression Screening Day Scale (HANDS), the Summary of Diabetes Self-Care Activities, and self-reported medication adherence.

Results: Nineteen percent of these patients met the criteria for probable major depression (HANDS score ≥ 9); a further 66.5% reported at least some depressive symptoms. Patients with probable major depression endorsed significantly fewer days' adherence to diet, exercise, and glucose self-monitoring regimens ($p < .01$) and 2.3-fold increased odds of missing medication doses in the previous week (95% CI = 1.5 to 3.6, $p < .001$) compared with all other respondents (after controlling for covariates). Nonadherence to diet, exercise, and medications was predicted more accurately by continuous depressive symptom severity scores than by categorically defined probable major depression. Major depression was a better predictor of glucose monitoring. Increasing HANDS scores were incrementally associated with poorer self-care behaviors ($p < .01$) among the two-thirds of patients not meeting the criteria for major depression (HANDS score < 9, N = 709).

Conclusions: The concept of depression as a categorical risk factor for nonadherence is challenged by these outcomes, which suggest that even low levels of depressive symptomatology are associated with nonadherence to important aspects of diabetes self-care. Depressive symptoms are widespread, and interventions designed to relieve them could achieve significant improvements in diabetes self-care.

Association of Internalizing Disorders and Allergies in a Child and Adolescent Psychiatry Clinical Sample

Infante M, Slattery MJ, Klein MH, et al.

J Clin Psychiatry 2007;68:1419–1425

Objective: To investigate the specificity of the association between internalizing disorders (anxiety and depression) and atopic disorders (asthma, allergic rhinitis, urticaria, and atopic dermatitis) in a child and adolescent psychiatric clinical sample.

Method: A sample of 184 youths was evaluated for current DSM-IV psychiatric disorders (clinical interview) and lifetime history of atopic disorders (parent report and chart review) in a child and adolescent psychiatry clinic from September 1, 2001, through December 31, 2002. Logistic regression analyses were used to assess the differential likelihood of having a lifetime history of atopic disorders among psychiatrically ill youths with and without internalizing disorders.

Results: Youths with internalizing disorders were significantly more likely than those with noninternalizing disorders to have a lifetime history of atopic disorders (odds ratio [OR] = 1.95, 95% CI = 1.02 to 3.73, $p = .04$). Moreover, analyses distinguishing youths with "pure" internalizing disorders from those with comorbid internalizing and externalizing disorders, "pure" externalizing disorders, and other psychiatric disorders showed that the association with atopic disorders was specific for "pure" internalizing disorders only (OR = 2.40, 95% CI = 1.09 to 5.30, $p = .03$).

Conclusions: Atopic disorders may be associated specifically with "pure" internalizing disorders in psychiatrically ill youths. Additional studies are needed to identify the underlying mechanisms of this specificity for the subsequent development of effective treatment and prevention interventions that target both disorders.

Interpersonal Psychotherapy (IPT) for Late-Life Depression in General Practice: Uptake and Satisfaction by Patients, Therapists and Physicians

van Schaik DJ, van Marwijk HW, Beekman AT, et al.

BMC Fam Pract 2007;8:52

Background: Most depression treatment guidelines recommend interpersonal psychotherapy (IPT), which proved to be an appropriate treatment for elderly depressed patients. Nevertheless, the dispersal of IPT to general practice is surprisingly limited given the favorable results. When this therapy is introduced into real-life general practice, little is known about uptake and satisfaction.

Method: In the context of a randomized controlled trial, we recorded the motivation and evaluation of patients, general practitioners (GPs), and therapists and described organizational barriers. IPT, given by mental health workers, was compared with usual GP care. Patients (≥ 55 years) who met DSM-IV criteria for major depressive disorder were included.

Results: Patients were motivated to participate in the psychotherapy intervention: of the 205 eligible patients, 143 (70%) enrolled, and of the 69 patients who were offered IPT, 77% were compliant with the treatment. IPT was popular with patients as well as therapists from mental health organizations. Due primarily to the time-limited and structured approach, GPs assessed the intervention positively afterward. There were organizational barriers to implementing this treatment: when no IPT therapists were available, an IPT trainer and supervisor had to be trained, and training materials had to be developed and translated. Some general practices also lacked the necessary office space. Therapists from private practices were prevented from participating for financial reasons. IPT was superior to usual care in patients with moderate to severe depression.

Conclusion: If the practices have room for the therapists and financial barriers can be overcome, there are reasons for supporting the implementation of IPT for depressed elderly patients within general practice, because our attempts to deliver IPT in primary care practice were successful, and IPT proved superior to usual care. This intervention may be successfully consolidated into primary care practice if it is made available through practice nurses or community psychiatric nurses who deliver IPT as a component of a more complete program to manage depression.

© COPYRIGHT 2008 PHYSICIANS POSTGRADUATE PRESS, INC. © COPYRIGHT 2008 PHYSICIANS POSTGRADUATE PRESS, INC.

Single Motherhood Versus Poor Partner Relationship: Outcomes for Antenatal Mental Health

Bilszta JL, Tang M, Meyer D, et al.

Aust N Z J Psychiatry 2008;42:56–65

Objective: An absence of social support has a significant influence on the affect of the mother in the transition to parenthood. The effect of single-mother status and level of partner support in a partnered relationship on antenatal emotional health are compared in this study.

Method: The Edinburgh Postnatal Depression Scale (EPDS) was used to elicit antenatal demographic, psychosocial and mental health data from 1578 women. Logistic regression was used to assess the association between these variables and marital status.

Results: Sixty-two women (3.9%) were identified as single/unpartnered. Elevated EPDS scores (> 12) were found in 15.2% (240/1578) of the total cohort and 25.8% (16/62) of the single/unpartnered women. Single/unpartnered women had significantly lower EPDS scores than did women with unsupportive partners (8.9 ± 5.3 vs. 11.9 ± 6.5, $p < .001$). Single/unpartnered women were more likely to have experienced ≥ 2 weeks of depression before the current pregnancy ($p < .05$), a previous psychopathology ($p < .001$), emotional problems during the current pregnancy ($p < .01$) and major life events in the last year ($p < .01$) than were women in the partnered cohort. That this disparity is mediated by previous psychiatric history ($p < .001$) and emotional problems during pregnancy ($p = .02$) is suggested by binary logistic regression modeling to predict antenatal EPDS scores.

Conclusion: Compared to single/unpartnered women, women in a partnered-relationship with poor partner-derived support were at an increased risk for elevated antenatal EPDS scores. Significant risk factors for elevated EPDS scores were a past history of depression and current emotional problems rather than single mother status. The present study reiterates the contribution of psychosocial risk factors as important mediators of antenatal emotional health.

A Randomized Controlled Trial to Test the Feasibility of a Collaborative Care Model for the Management of Depression in Older People

Chew-Graham CA, Lovell K, Roberts C, et al.

Br J Gen Pract 2007;57(538):364–370

Background: Depression is the most common mental health disorder in people aged over 65 years. Late-life depression is associated with chronic illness and disability. We explored the possibility of a collaborative care model for depression in older people in a randomized controlled trial with 16 weeks' follow-up conducted at a primary care trust in Manchester.

Method: One hundred five people aged 60 years or older and scoring 5 or more on the Geriatric Depression Scale were enrolled; 53 were randomly allocated to an intervention group and 52 to a usual care group. The intervention group was administered care comprising a facilitated self-help program with close liaison with primary care professionals and old-age psychiatry according to a defined protocol managed by a community psychiatric nurse. The usual care group received usual general practitioner (GP) care. The views of the health professionals and patients regarding the acceptability and effectiveness of the intervention were assessed with a nested qualitative study.

Results: Recovery from depression was the main outcome measure. Patients in the intervention group were less likely to suffer from major depressive disorder at follow-up versus usual care (0.32, 95% CI = 0.11 to 0.93, $p = .036$). The acceptability of the intervention to patients was confirmed by the qualitative component of the study.

Conclusion: Compared with usual GP care, a model of collaborative care for older people with depression, used in a primary care setting with a facilitated self-help intervention, is more effective. That the implementation of a collaborative care model is feasible in UK primary care and that the intervention is effective and acceptable to patients is demonstrated by this study.

Suicide Attempts Among Depressed Adolescents in Primary Care

Fordwood SR, Asarnow JR, Huizar DP, et al.

J Clin Child Adolesc Psychol 2007;36(3):392–404

Background: Despite the fact that depression is strongly associated with suicide attempts and suicide deaths, most depressed youth do not make a suicide attempt, indicating the need to identify additional risk factors.

Method: Suicide attempts among 451 depressed primary care patients, aged 13 to 21 years, were investigated. Bivariate analyses revealed elevated levels of psychopathology, specifically depressive symptoms, externalizing behaviors, anxiety, substance use, mania, and posttraumatic stress disorder symptoms, in youth classified as suicide attempters.

Results: In multivariate analyses, externalizing behaviors and depression severity uniquely contributed to the prediction of suicide attempts. High levels of environmental stress and a few key stressful events were associated with suicide attempts; beyond the effects of psychopathology, a recent romantic breakup or being assaulted added to suicide attempt risk.

Conclusions: Implications of results for primary care preventive services and suicide attempt prevention are discussed.

The Relationship Between Work Stress and Mental Disorders in Men and Women: Findings From a Population-Based Study

Wang JL, Lesage A, Schmitz N, et al.

J Epidemiol Community Health 2008;62:42–47

Objective: To estimate the gender-specific associations between work stress, major depression, anxiety disorders, and any mental disorder while adjusting for the effects of demographic, socioeconomic, psychological, and clinical variables.

Method: The gender-specific relationships between work stress dimensions and mental disorders in the working population (N = 24,277) were evaluated with data from the Canadian national mental health survey. A modified version of the World Mental Health-Composite International Diagnostic Interview was used to evaluate mental disorders.

Results: Male workers endorsing high demand and low control in the workplace were more likely to have had major depression (OR = 1.74, 95% CI = 1.12 to 2.69) and any depressive or anxiety disorders (OR = 1.47, 95% CI = 1.05 to 2.04) in the past 12 months, according to multivariate analysis. Women endorsing high demand and low control were more likely only to have any depressive or anxiety disorder (OR = 1.39, 95% CI = 1.05 to 1.84). Men, but not women, endorsing job insecurity were likely to have major depression. The strongest factor associated with having mental disorders, regardless of sex, was imbalance between work and family life.

© COPYRIGHT 2008 PHYSICIANS POSTGRADUATE PRESS, INC. © COPYRIGHT 2008 PHYSICIANS POSTGRADUATE PRESS, INC.

Conclusions: Workers' mental health status may be positively affected by policies improving the work environment. Imbalance between work and family life may be a greater risk factor for mental disorders than work stress. In order to define causal relationships between work characteristics and mental disorders, will require longitudinal studies incorporating important workplace health research models are required.

Two-Minute Mental Health Care for Elderly Patients: Inside Primary Care Visits

Tai-Seale M, McGuire T, Colenda C, et al.

J Am Geriatr Soc 2007;55(12):1903–1911

Objective: To evaluate how care is provided for mental disorders using videotapes of office visits involving elderly patients.

Method: This study was a mixed-method observational analysis of the nature of the topics discussed, content of discussion, and the time spent on mental health. Thirty-five primary care physicians and 366 of their elderly patients, drawn from an academic medical center, a managed care group, and fee-for-service solo practitioners, participated in the study. We evaluated videotapes of 385 visits covering 2472 diverse topics. Topics were determined, talk time was established, and the dynamics of talk were coded through coding of the videotapes.

Results: According to patient surveys, 50% of the patients were depressed, although mental health topics occurred in only 22% of visits. The duration of a representative mental health discussion was approximately 2 minutes. Wide variations in physician effort to provide mental health care were indicated by qualitative analysis. Even severely depressed and suicidal patients were seldom referred to mental health specialists.

Conclusion: Although elderly patients carry heavy disease burdens, clinicians spend little time on their mental health care. Guidelines that stipulate what should happen during a heath care visit may need to supplement standards of care based on a count of visits "during which a mental health problem is discussed." Interventions at the system level are warranted.

The Relationship Between Suicide Ideation and Late-Life Depression

Vannoy SD, Duberstein P, Cukrowicz K, et al.

Am J Geriatr Psychiatry 2007;15(12):1024–1033

Objective: To characterize the course of suicide ideation in primary care–based late-life depression treatment, distinguish predictors of suicide ideation, describe the dynamic relationship between depression and suicide ideation, and evaluate the hypothesis that collaborative care decreases the likelihood of reporting suicide ideation by decreasing the severity of depressive symptoms.

Method: This was a secondary analysis of a randomized controlled trial comparing collaborative care to usual care for late-life depression. Drawn from 8 diverse primary care systems, 1801 adults aged 60 and older participated. The Hopkins Symptoms Checklist (HSCL-20) measured depression. One item from the HSCL-20 was used to operationalize suicide ideation. A series of univariate analyses followed by multiple logistic regression was used to identify predictors of incident suicide ideation. The hypothesis that the effect of collaborative care on suicide ideation can be ascribed to the intervention's effect on depressive symptoms was assessed by conducting a mediator analysis.

Results: The prevalence of suicide ideation was 14% ($N = 253$); the cumulative incidence over 24 months was 21% ($N = 385$). The likelihood that suicide ideation emerged after baseline depended to a great extent on change in depression (odds ratio = 5.38, 95% CI = 3.93 to 7.36, $df = 81$, $t = 10.66$, $p < .0001$). As hypothesized, the effect of collaborative care on suicide ideation was mediated by the treatment's effect on depression.

Conclusion: Depressed older adults being treated in primary care commonly have suicide ideation. The course of depression symptoms in depressed older adults largely determines the likelihood that they will report suicide ideation. Suicide ideation should be monitored by providers throughout the course of depression treatment.

© COPYRIGHT 2008 PHYSICIANS POSTGRADUATE PRESS, INC. © COPYRIGHT 2008 PHYSICIANS POSTGRADUATE PRESS, INC.